

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

NC  
E



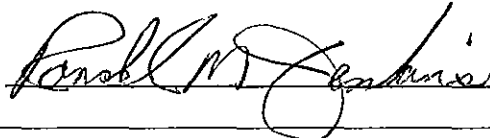
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>14074</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name   <b>Ronald M Jenkins</b> P.O. Box, Bldg., Room No., if any   Street   <b>4430 Namozine Road</b> City   <b>Ford</b> State   <b>VA</b>   ZIP Code + 4   <b>23850</b>	4. Name, file number, and address of labor organization. Name   <b>Teamsters Local Union No. 592</b> Labor Organization File Number   <b>001658</b> P.O. Box, Building and Room Number, if any   Street   <b>3705 Carolina Avenue</b> City   <b>Richmond</b> State   <b>VA</b>   ZIP Code + 4   <b>23222</b>
5. Position in labor organization.   <b>President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name   Trade Name, if any:   P.O. Box, Bldg., Room No., if any   Street   City   State     ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.   7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed   	On   <b>8/12/2005</b>	(804) 329-9530
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Teamsters Joint Council No. 83  
Health & Welfare & Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 8814 Fargo RoadCity RichmondState VA ZIP Code + 4 23229

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters J.C. #83, H&W Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 8814 Fargo Rd., Suite #200City RichmondState VA ZIP Code + 4 23229

## 11.a. Nature of such dealing.

Expenses incurred as a Trustee at a conference held by the International Foundation of Employee Benefits Plan and at Board of Trustee meetings. I was either reimbursed or such expenses were paid by the Fund.

## 11.b. Approximate dollar value of such dealing.

\$65,569.03

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Beyer-Barber CompanyTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1136 Hamilton St., Suite 103City Allentown,State PA ZIP Code + 4 18101

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters J.C. #83, H&W Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 8814 Fargo Rd., Suite #200City Richmond,State VA ZIP Code + 4 23229

## 11.a. Nature of such dealing.

Dinner for myself as a Trustee while attending International Foundation of Employee Benefit Plans in New Orleans, LA

## 11.b. Approximate dollar value of such dealing.

\$118.58

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Blue Cross Blue Shield of IllinoisTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 300 East Randolph StCity ChicagoState ILL ZIP Code + 4 60601

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters J.C. #83, H&W Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 8814 Fargo Rd., Suite #200City RichmondState VA ZIP Code + 4 23229

## 11.a. Nature of such dealing.

Dinner after a Trustees meeting.

## 11.b. Approximate dollar value of such dealing.

\$53.13

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing <b>Ronald M. Jenkins</b>	File Number U-
------------------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Segal Company</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>1920 N. Street, N.W., Suite 400</u></p> <p>City <u>Washington</u></p> <p>State <u>D.C.</u> ZIP Code + 4 <u>20036</u></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Teamsters J.C. #83, H&amp;W Pension Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>8814 Fargo Rd., Suite #200</u></p> <p>City <u>Richmond,</u></p> <p>State <u>VA</u> ZIP Code + 4 <u>23229</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>Dinner for myself as Trustee while attending International Foundation of Employee Benefits Plans in New Orleans, Louisiana.</p></div> <p>11.b. Approximate dollar value of such dealing. <u>\$70.59</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; min-height: 100px;"></div> <p>12.b. Amount. <u></u></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 180px; min-height: 180px;"></div> <p>14.b. Amount of payment. <u></u></p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **Segal Advisors**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **One Park Avenue**City **New York,**State **New York**ZIP Code + 4 **10016**

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Teamsters J.C. #83, H&W Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **8814 Fargo Rd., Suite #200**City **Richmond,**State **VA**ZIP Code + 4 **23229**

## 11.a. Nature of such dealing.

Dinner for myself as Trustee while attending International Foundation of Employee Benefits Plans in New Orleans, Louisiana.

## 11.b. Approximate dollar value of such dealing.

**\$71.25**

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **Manning & Napier**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **290 Woodcliff Drive**City **Fairport**State **New York**ZIP Code + 4 **10016**

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Teamsters J.C. #83, H&W Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **8814 Fargo Rd., Suite #200**City **Richmond,**State **VA**ZIP Code + 4 **23229**

## 11.a. Nature of such dealing.

Dinner for myself as Trustee while attending International Foundation of Employee Benefits Plans in New Orleans, Louisiana.

## 11.b. Approximate dollar value of such dealing.

**\$160.80**

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment